



**FAUQUIER COUNTY**  
**DEPARTMENT OF HUMAN RESOURCES**  
County Government & Public Schools  
320 Hospital Drive, Suite 34  
Warrenton, Virginia 20186  
Phone: (540) 428-8700 Fax: (540) 347-3610  
[www.fcps1.org](http://www.fcps1.org)



## **CERTIFIED APPLICATION FOR EMPLOYMENT**

### **Full Legal Name**

\_\_\_\_\_  
Last First (M.I.)

### **Other Name(s)**

\_\_\_\_\_  
(Please provide any additional information relative to change of name, use of an assumed name, or nickname, necessary to enable a check on your work or school record.)

### **Present Mailing Address**

\_\_\_\_\_  
Street City State Zip

### **Permanent Mailing Address**

\_\_\_\_\_  
Street City State Zip

### **Telephone Numbers**

**Present:** (\_\_\_\_) \_\_\_\_\_ **Permanent:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

### **Social Security Number** \_\_\_\_\_

(Note: Completion of social security number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social Security number may be required on other forms prior to employment.)

To accommodate persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting the Human Resources Department.

### **MARK THE APPROPRIATE BOXES:**

☐ New Application

☐ Previous Application on File  
Date and name filed under  
if different from above  
\_\_\_\_\_  
\_\_\_\_\_

☐ Former Employee of the School Division

Are you a U.S. Citizen?

☐ Yes ☐ No

If not, are you otherwise eligible to work in the U.S.?

☐ Yes ☐ No

### **INDICATE POSITION DESIRED:**

☐ Teacher

- ☐ Primary, NK-4
- ☐ Elementary, 1-5
- ☐ Middle, 6-8
- ☐ Secondary, 9-12

#### Administrative/Supervisory

- ☐ Principal
- ☐ Assistant Principal
- ☐ Supervisor of Instruction
- ☐ Director of Instruction

Subjects (Middle and Secondary):  
\_\_\_\_\_  
\_\_\_\_\_

☐ Special Education

#### Other

- ☐ Alternative Education
- ☐ Guidance (Elementary)
- ☐ Guidance (Secondary)
- ☐ Occupational Therapist
- ☐ Psychologist
- ☐ Visiting Teacher

Category:  
\_\_\_\_\_  
\_\_\_\_\_

Other (specify below)  
\_\_\_\_\_  
\_\_\_\_\_

## **I. EDUCATIONAL AND PROFESSIONAL TRAINING (List chronologically.)**

Level of Education:	Name of School or University	State	Field of Study	Type of Degree	Year of Graduation	Dates Mo./Day/Yr. (From - To)
High School						
College or University						

## II. STUDENT TEACHING EXPERIENCE (List chronologically and include any internships.)

Name of School	School Division City/County	State	Grade Level and/or Subject	Dates Mo./Day/Yr. (From - To)

### III. TEACHING EXPERIENCE (List all teaching experience. DO NOT INCLUDE SUBSTITUTE TEACHING.)

Name of School	School Division City/County	State	Position Held Grades/Subjects Taught (Specify)	Dates Mo./Day/Yr. (From - To)	Total Years	Full Time (x)	Part Time (x)	Reason for Leaving
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
				TOTAL				

**IV. WORK EXPERIENCE OTHER THAN TEACHING** (List chronologically and attach a sheet if necessary.)

Employer	City/County	State	Type of Work	Dates Mo./Day/Yr. (From - To)	Reason for Leaving

## V. ADMINISTRATIVE APPLICANTS (List Administrative Positions Held)

Name of School	School Division	State	Position Held	Dates Mo./Day/Yr. (From - To)	Total Years	Reason for Leaving

## VI. CERTIFICATION

- A. If you have been issued a Virginia Certificate, **please submit a photocopy**. Copy enclosed? ☐ Yes ☐ No  
Type of Virginia Certificate: ☐ Provisional ☐ Collegiate Professional ☐ PG Professional ☐ Pupil Personnel ☐ VIE  
Year of expiration of Virginia Certificate: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_  
Have you applied for a Virginia Certificate? ☐ Yes ☐ No When? \_\_\_\_\_  
Copy of statement of eligibility enclosed? ☐ Yes ☐ No
- B. If you have been issued a certificate in another state, **please submit a photocopy**. Copy enclosed? ☐ Yes ☐ No  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certificate/Endorsement \_\_\_\_\_  
State \_\_\_\_\_ Expiration Date \_\_\_\_\_ Certificate/Endorsement \_\_\_\_\_
- C. Have you taken the Praxis? If yes, **please submit a copy of your scores**.  
Praxis I ☐ Yes ☐ No \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_ Math Score \_\_\_\_\_ Reading Score \_\_\_\_\_ Writing Score \_\_\_\_\_  
Specialty Area ☐ Yes ☐ No \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_ Subject \_\_\_\_\_ Score \_\_\_\_\_

## VII. GENERAL INFORMATION

1. Month, day, and year available for employment: \_\_\_\_\_
2. Are you under contract? ☐ Yes ☐ No
- 2a. If yes, where? \_\_\_\_\_ 2b. Present position: \_\_\_\_\_
3. If presently employed, why do you wish to change? \_\_\_\_\_
4. If under contract, what type? ☐ Annual/Probationary ☐ Continuing/Tenured
5. If under contract have you checked if you can be released if offered another position? ☐ Yes ☐ No
6. Have you ever held a continuing contract in Virginia? ☐ Yes ☐ No
- 6a. If yes, cite school division(s) and date(s): \_\_\_\_\_
7. Have you ever been refused tenure or a continuing contract? ☐ Yes ☐ No (If yes, please explain in Section X.)
8. Have you ever been discharged or requested to resign from a position? ☐ Yes ☐ No (If yes, please explain in Section X.)
9. Have you ever been convicted of a crime other than a minor traffic violation? ☐ Yes ☐ No (If yes, please explain in Section X.)
10. Are any criminal charges or proceedings pending against you? ☐ Yes ☐ No (If yes, please explain in Section X.)
11. Have you ever had a certificate or license revoked or suspended? ☐ Yes ☐ No (If yes, please explain in Section X.)
12. Have you ever been convicted of any offense, or found by any court of law to have engaged in any act involving the sexual molestation, physical or sexual abuse, or rape of a minor? ☐ Yes ☐ No (If yes, please explain in Section X.)

## VIII. REFERENCES AND TRANSCRIPTS

It is **the applicant's responsibility** to have the following information provided to the School Division in order to be considered for employment:

- A. Transcripts of all college work to date **MUST** accompany this application, or be forwarded as soon as possible.
- B. The names of at least three reference sources must be provided and must include current employer if employed, or last employer if not currently employed.
- C. Unless included in Placement File, applicants with work experience must provide recommendations from principals and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

Applicants who are beginning teachers registered with a college placement office must include references from their student teaching supervisor(s) and co-operating teacher(s) in the placement file or list names and numbers below.

- D. As indicated above, ☐ a placement file is being sent, &/or ☐ references are listed below:

Name of Reference	Position/Relationship	Organization/Address	Phone Number
1.			Office: Home:
2.			Office: Home:
3.			Office: Home:

## IX. EXTRACURRICULAR ACTIVITIES

Indicate the number of years experience in the activities listed below.

Mark the box with an "X" to indicate activities you are willing to coach/sponsor:

Extra Curricular Activities	High School Experience (Yrs.)	College Experience (Yrs.)	Contract Experience (Yrs.)	Extra Curricular Activities	High School Experience (Yrs.)	College Experience (Yrs.)	Contract Experience (Yrs.)
<input type="checkbox"/> Football				<input type="checkbox"/> IM Director			
<input type="checkbox"/> Basketball				<input type="checkbox"/> Athletic Director			
<input type="checkbox"/> Baseball				<input type="checkbox"/> Athletic Trainer			
<input type="checkbox"/> Softball				<input type="checkbox"/> Forensics			
<input type="checkbox"/> Track				<input type="checkbox"/> Debate			
<input type="checkbox"/> Cross Country				<input type="checkbox"/> Drama			
<input type="checkbox"/> Wrestling				<input type="checkbox"/> Yearbook			
<input type="checkbox"/> Gymnastics				<input type="checkbox"/> Newspaper			
<input type="checkbox"/> Field Hockey				<input type="checkbox"/> Literary Magazine			
<input type="checkbox"/> Golf				<input type="checkbox"/> Student Government			
<input type="checkbox"/> Tennis				<input type="checkbox"/> Honor Society			
<input type="checkbox"/> Volleyball				<input type="checkbox"/> Clubs			
<input type="checkbox"/> Soccer				<input type="checkbox"/> Cheerleading			

## X. OTHER INFORMATION

To avoid conflict of interest, list any local school board member or employee relative(s) in the school division and cite relationship.

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Estimate your total absence from work or school for the past three years.

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Provide any additional information you desire that will afford any additional understanding of your qualifications. Your goals, objectives, philosophy, and other background factors of special interest. (Attach additional sheets if needed.)

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Additional remarks and/or explanations from Section VII. GENERAL INFORMATION. (Attach additional sheets if needed.)

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My signature below authorizes the school division to conduct a background investigation and authorizes release of information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I waive my right of access to any personal and professional reference information. I, without limitation, hereby release the school division and the reference source from any liability in connection with its release or use in connection with my application for employment. This release includes the sources cited above and specific examples as follows: the local Sheriff's Office, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions is maintained, information from the Virginia or other State Department or Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statement on this application in the knowledge that they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this application, or any supplement to it will be sufficient grounds for failure to employ or for my discharge should I become employed with the school division.

Signature of applicant

Date

**Fauquier County Public Schools is an Equal Opportunity Employer**  
**"The Fauquier County School Division does not discriminate on the basis of race, color, national, origin, sex, age, religion, or handicap in it's programs, activities, or employment practices by Title VI, Title IX, or Section 504."**